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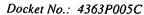
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TRANSMITTAL FORM			Application No.	10/	810,444			
			Filing Date	Ma	March 26, 2004			
(to be used for all correspondence after initial filing)				filing)	First Named Inventor	Da	vid M. Colleran	
					Art Unit	212	23	
	,				Examiner Name	Un	assigned	
Total Number of P	ages in This	Submissi	on	7	Attorney Docket Numb	er 436	53P005C	
		ENCLOS	SURES	(chec	k all that apply)			
Fee Transmittal F	Form			Orawing(s)			After Allowance Communication to TC	
Fee Attach	ned		☐ L	icensing-r	elated Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment / Re	sponse		Р	etition	•		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final	declaration(s)			etition to C Provisional	Convert a Application		Proprietary Information	
Extension of Tim	e Request		Power of Attorney, Revocation Change of Correspondence Address			s C	Status Letter	
Express Abandonment Request			Terminal Disclaimer				Other Enclosure(s) (please identify below):	
Information Discl	osure Statem	ent	Request for Refund				Return Receipt Postcard.	
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Certified Copy of Document(s)	Priority		Landscape Table on CD					
Response to Mis Incomplete Appli	sing Parts/ cation Filing Fee		Remar	ks				
Response	to Missing er 37 CFR							
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Firm	Robert B	. O'Roi	ırke, R	Reg. No.	46,972			
or Individual name	/			AYLOR & ZAF	/AN	LLP		
Signature		-				•		
Date	2/27	/o6					·	
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	st class mail						e on the date shown below with nissioner for Patents, P.O. Box	
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Based on PTO/SB/21 (09-04) as modified by Blakely Solokoff, Tayor & Zafman (with 11/30/2005. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-2460

EE TRANSMITTAL Complete if Known **Application Number** 10/810,444 for FY 2005 Filing Date March 26, 2004 Patent fees are subject to annual revision First Named Inventor David M. Colleran Applicant claims small entity status. See 37 CFR 1.27. **Examiner Name** Unassigned Art Unit 2123 **TOTAL AMOUNT OF PAYMENT** (\$) 0.00 Attorney Docket No. 4363P005C METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit card ☐ Money Order ☒ None Other (please identify): Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. FEE CALCULATION 1. EXTRA CLAIM FEES Extra Claims Fee Paid below **Total Claims** 20. 0 50.00 \$0.00 Independent Claims 0 200.00 \$0.00 Multiple Dependent Large Entity Small Entity Fee Fee Description Code (5) Code (5) 1202 50 2202 Claims in excess of 20 1201 200 2201 Independent claims in excess of 3 1203 360 2203 180 Multiple Dependent claim, if not paid 1204 790 2204 *Reissue independent claims over original patent "Reissue claims in excess of 20 and over original patent **or number previously paid, if greater, For Reissues, see below 300 1205 2205 SUBTOTAL (1) (\$) **ADDITIONAL FEES** Large Entity Small Entity Fee Code (5) (5) Fee Description Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. 2053 130 2053 130 Non-English specification 1251 120 2251 60 Extension for reply within first month 1252 2252 225 Extension for reply within second month 1253 1,020 2253 510 Extension for reply within third month 1254 2254 795 Extension for reply within fourth month 1255 2,160 2255 1,080 Extension for reply within fifth month 1401 2401 250 Notice of Appeal 1402 500 Filing a brief in support of an appeal 2402 250 1403 1,000 2403 500 Request for oral hearing 1451 1.510 Petition to institute a public use proceeding 1,510 2451 1460 130 2460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1808 180 Submission of Information Disclosure Stmt 1809 790 1809 Filing a submission after final rejection (37 CFR § 1.129(a)) 395 1810 790 395 For each additional invention to be examined (37 CFR § 1.129(b)) 2810 Other fee (specify) Submission of IDS before first Office Action 0.00 SUBTOTAL (2) (\$) 0.00

20BWILLED E		Complete (if applicable)			
Name (Print/Type)	Robert B. O'Rourke	Registration No. (Attorney/Agent)	46,972	Telephone	(498) 720-8300
Signature	IVI			Date	2/27/06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re the Application of:

DAVID M. COLLERAN, ET AL.

Application No.: 10/810,444

Filed: March 26, 2004

For: Automatic Phase Lock Loop Design Using

Geometric Programming

Art Group: 2123

Examiner: Unassigned

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Date: 2/27/06

Respectfully submitted,

BLAKELY SOKOLOFF, TAYLOR & ZAFMAN LLP

Robert B. O'Rourke, Reg. No. 46,972

12400 Wilshire Boulevard, 7th Floor Los Angeles, CA 90025 Telephone: (408) 720-8300

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Carla Vignola

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Date

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Substitute	for Form 144	9/PTO			Complete in	f Known	
OIPE INFORMATION DISCLOSURE					Application Number	10/810,444	
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Sheemann	of 2				Attorney Docket Number	004363.P005C	
			U.S. PA	TENT DOCUMENTS	3		
Examiner Initials*	Cite No.		Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant	
		Number	r-Kind Code ² (If known)			Figures Appear	
		US-	6,588,002 B1	7/1/2003	Lampaert, et al.		
		US-	6,813,590 B1	11/2/2004	Crusius		
		US-	6,909,330 B2	6/21/2005	Colleran, et al.		
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Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ³ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T⁵

Examiner	Date Considered	
Signature		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁸Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Substitute for Form 1449/PTO					Complete if Known						
INFORMATION DISCLOSURE			LOSURE	Application Number	10/810,444						
		Filing Date	03-26-2004								
STATEMENT BY APPLICANT				First Named Inventor:	Colleran, et al.						
	(use as	many shee	ets as neces	ssary)	Art Unit	2123					
					Examiner Name	Unassigned					
Sheet	2		of	2	Attorney Docket Number	004363.P005C					
777	NON PATENT LITERATURE DOCUMENTS										
Examiner Initials*	Cite No ¹			magazine, journal, se	TAL LETTERS), title of the article (erial, symposium, catalog, etc.), da lisher, city and/or country where p	ite, page(s), volume-issue	T ²				
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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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